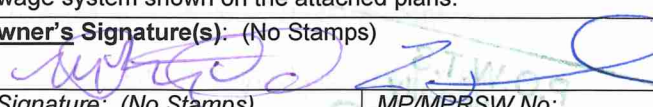


RECEIVED
JUL 18 2018

BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

ENTERED

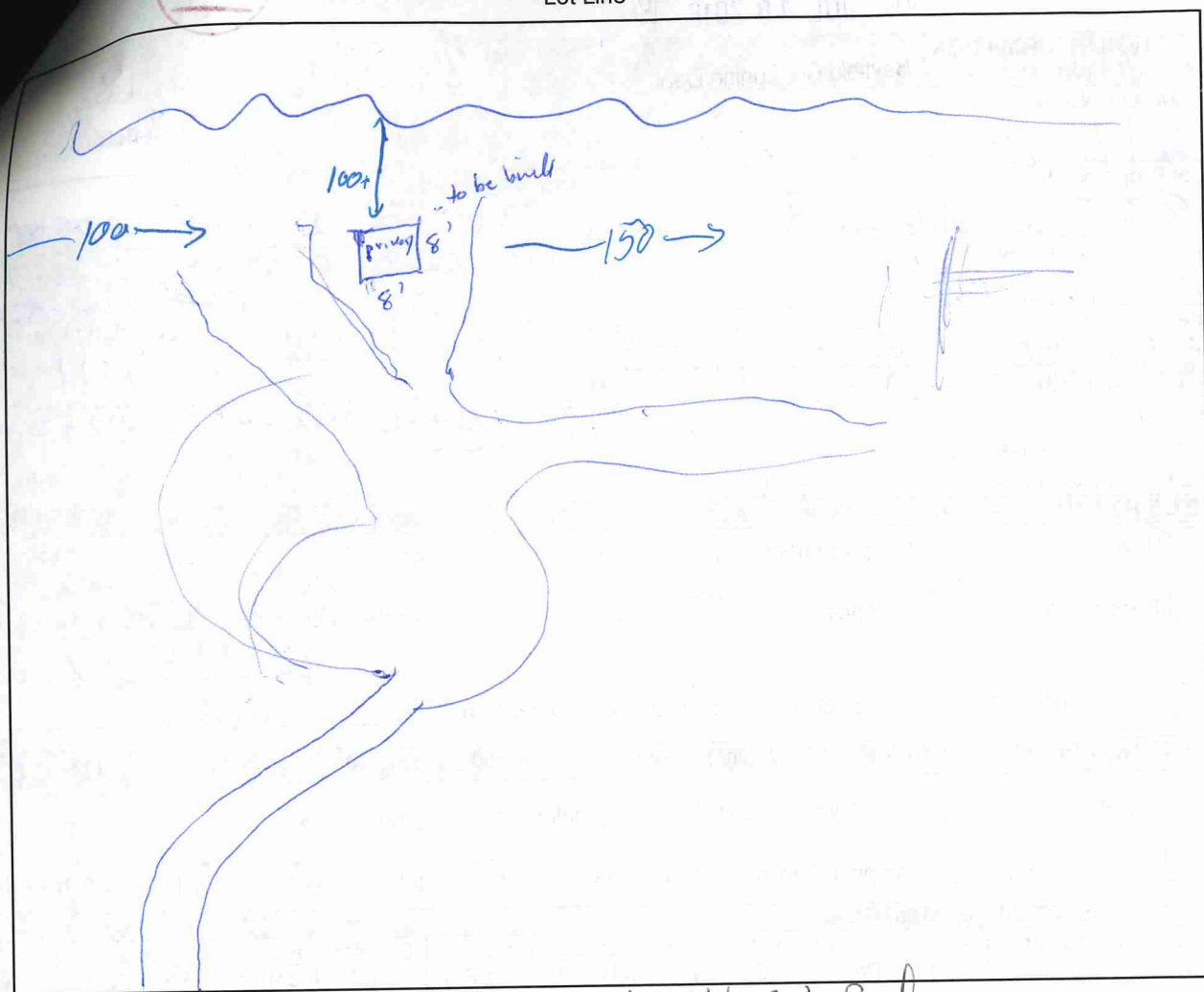
Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information) Bayfield Co. Zoning Dept				Soil Test No: 86-18		County Permit No: 18-0291	
Property Owner's Name: Michael Leopold / Estella Daniels				County: Bayfield			
Address of Property: 44835 W. Cable Lake Rd,				Property Location: $\frac{1}{4}$ $\frac{1}{4}$, S 12 T 43 N, R 08 E (or) W			
Property Owner's Mailing Address: 1609 Watson Ave				Township: Cable 012		Gov. Lot #: Govt Lot 7 & NW NW	
City, State St. Paul, MN		Zip Code 55116		Phone Number 651.788-1203		Lot #	
				Block #:		Subdivision Name or CSM #: 1971	
II. TYPE OF BUILDING: (Check One)				Parcel ID 04-012-2-43-08-12-2 05-007- Tax Number(s): 10000			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms 1 - Privy							
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)							
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____							
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above							
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input checked="" type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
V. ABSORPTION SYSTEM INFORMATION:							
1. Gallons Per Day		2. Absorp. Area Required (Sq.Ft.)		3. Absorp. Area Proposed (Sq. Ft.)		4. Loading Rate (Gals. / Day / Sq.Ft.)	
						5. Perc. Rate (Min. Inch)	
						6. System Elev.(Feet)	
						7. Final Grade Elev. (Feet)	
VI. TANK INFORMATION:		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank							
Lift Pump Tank / Siphon Chamber							
VII. RESPONSIBILITY STATEMENT:							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Owner's Name(s): (Print) If applying for Section C above Michael Leopold				Owner's Signature(s): (No Stamps) 			
Plumber's Name: (Print) If applying for Section A or B) above				Plumber's Signature: (No Stamps)		MP/MPSRW No:	
Plumber's Address: (Street, City State, Zip Code)				Home Phone:		Business Phone:	
VIII. COUNTY / DEPARTMENT USE ONLY							
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: \$150		Date Issued: 7/30/18	
						Issuing Agent's Signature / Date: Mader 1423713 7/30/18	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:							
Install & use per Manufacturer & State of WI Regulations IF pressurized water in structure other systems need to be permitted							



W

Lot Line



Name of Frontage Road (W. Cable Lake Road)

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic / holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Village, State or Federal
May Also Be Required

USE – **X**
SANITARY – **X (Soil Test #86-18)**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0291** Issued To: **Estella Daniels & Michael Leipold**

LESS CSM #1971 & LESS THAT PART DESC IN DOC 2017R-571039

Location: **NW** ¼ of **NW** ¼ Section **12** Township **43** N. Range **8** W. Town of **Cable**

S ½ of

Gov't Lot **7** Lot Block Subdivision CSM#

For: **Residential Other: [Composting Toilet]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Install and use per manufacturer and State of WI regulations. If pressurized water in structure other needs to be permitted.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 9, 2018

Date